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PTO/SB/21 (08-00)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

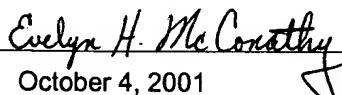
Total Number of Pages in this Submission

Application Number	09/460,605
Filing Date	12/14/1999
First Named Inventor	DISCHER et al.
Group Art Unit	1615
Examiner Name	G. Kishore
Total Number of Pages in this Submission	22253-66093

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers/Recordation Cover Sheet (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	RETURN RECEIPT POSTCARD	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Response to Notice re Missing Parts / Corrected Application Papers / Incomplete Application	<u>Remarks</u>		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

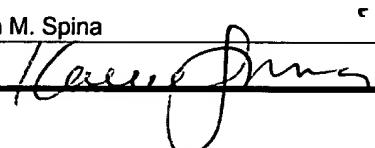
CUSTOMER NO. 27730

Firm or Individual name	Evelyn H. McConathy (Registration No. 35,279)	
Signature		
Date	October 4, 2001	

## CERTIFICATE OF MAILING

## CERTIFICATION UNDER 37 CFR § 1.10

I hereby certify that this correspondence and the documents referred to as attached therein are being deposited with the U.S. Postal Service on October 4, 2001, in an envelope as "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 CFR § 1.10, Mailing Label Number EL891689085US addressed to the: Assistant Commissioner for Patents, Washington, DC 20231.

Typed or printed name	Karen M. Spina		
Signature		Date	October 4, 2001

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FEE TRANSMITTAL  
for FY 2001

OCT 04 2001

Patent fees are subject to annual revision.

## TOTAL AMOUNT OF PAYMENT

(\$)

73

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

50-0979

Deposit Account  
Name

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
 Applicant claims small entity status See 37 CFR 1.27

2.  Payment Enclosed

Check  Credit Card  Money Order  
 Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Entity Fee Code	Small Entity Fee Code (\$)	Fee Description	
101	710	201	355	Utility filing fee
106	320	206	160	Design filing fee
107	490	207	245	Plant filing fee
108	710	208	355	Reissue filing fee
114	150	214	75	Provisional filing fee
<b>SUBTOTAL (1)</b>				<b>\$</b>

## 2. EXTRA CLAIMS FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	22	-20**	= 2 X 9 =	\$ 18
Independent Claims	—	- 3**	= 0 X 18 =	\$
Multiple Independent			+ 135 =	\$

Large Entity Fee Code (\$)	Entity Fee Code	Small Entity Fee Code (\$)	Fee Description
103	18	203	9
102	80	202	40
104	270	204	135

Claims in excess of 20  
Independent claims in excess of 3  
Multiple dependent claim, if not paid  
Reissue claims in excess of 20 and over original patent  
\*\*Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

\$ 18

\*\*or number previously paid, if greater; For Reissue, see above

SUBMITTED BY CUSTOMER NO. 27730

Complete (if applicable)

Name (Print/Type)	Evelyn H. McConathy	Registration No. (Attorney/Agent)	35,279	Telephone	(215) 575-7000
Signature	Evelyn H. McConathy			Date	10/4/2001

10/16/2001 MMAY22 00000001 500979 09460605  
01 FC:203 18 249 CH<sup>9</sup> \*\*Reissue claims in excess of 20 and over original patent

10/11/2001 MBIZINES 00000129 500979 09460605  
01 FC:203 18.00 CH

Complete if known	
Application Number	09/460,605
Filing Date	12/14/1999
First Named Inventor	DISCHER et al.
Examiner Name	G. Kishore
Group Art Unit	1615
Attorney Docket No.	22253-66093

FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Fee Description	Fee Paid
105	130	205	65	Surcharge – late filing fee or oath
127	50	227	25	Surcharge – late provisional filing fee or cover sheet
139	130	139	130	Non-English specification
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination
112	920*	112	920*	Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action
115	110	215	55	Extension for reply within first month
116	390	216	195	Extension for reply within second month
117	890	217	445	Extension for reply within third month
118	1,390	218	695	Extension for reply within fourth month
128	1,890	228	945	Extension for reply within fifth month
119	310	219	155	Notice of Appeal
120	310	220	155	Filing a brief in support of an appeal
121	270	221	135	Request for oral hearing
138	1,510	138	1,510	Petition to institute a public use proceeding
140	110	240	55	Petition to revive – unavoidable
141	1,240	241	620	Petition to revive – unintentional
142	1,240	242	620	Utility issue fee (or reissue)
143	440	243	220	Design issue fee
144	600	244	300	Plant issue fee
122	130	122	130	Petition to the Commissioner
123	50	123	50	Processing fee under 37 CFR 1.17(q)
126	180	126	180	Submission of Information Disclosure Stmt
581	40	581	40	Recording each patent assignment per property (times number of properties)
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))
179	710	279	355	Request for Continued Examination (RCE)
169	900	169	900	Request for expedited examination of a design application

Other fee (specify):

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$55

10/16/2001 MMAY22 00000001 500979 09460605 01 FC:203 18 249 CH <sup>9</sup> **Reissue claims in excess of 20 and over original patent	Evelyn H. McConathy	Registration No. (Attorney/Agent)	35,279	Telephone	(215) 575-7000
				Date	10/4/2001